

# King County Accountable Community of Health

## Governing Board Meeting Summary

July 17, 2017, 1 - 4 p.m.

King County Elections – 919 SW Grady Way, Renton, WA 98057 – Alvine Conference Room

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### **Members Present:**

Elizabeth “Tizzy” Bennett (Seattle Children’s Hospital), Roi-Martin Brown (Washington Community Action Network), Molly Carney (Evergreen Treatment Services), Kristin Conn (Kaiser Permanente of Washington), Shelly Cooper-Ashford (Center for MultiCultural Health), Steve Daschle (Southwest Youth and Family Services), Marya Gingrey (Regional Equity Network), David Johnson (Navos Mental Health Solutions), Betsy Lieberman (Betsy Lieberman Consulting), Esther Lucero (Seattle Indian Health Board), Sarah Rafton (Washington Chapter – American Academy of Pediatrics), Jihan Rashid (Somali Health Board), Jeff Sakuma (City of Seattle), Elise Chayot (Harborview Medical Center), Maureen Linehan (Seattle Aging and Disability Services), Elizabeth Tail (Cowlitz Tribal Health), alternate for Stephen Kutz (Cowlitz Indian Tribe), Laurel Lee (Molina Healthcare of Washington), delegate for Amina Suchoski (United Healthcare), Sherry Williams (Providence Health Services of Washington), delegate for Preston Simmons (Providence Health Services of Washington)

### **Members Not Present:**

Teresita Batayola (International Community Health Services), Daniel Malone (Downtown Emergency Service Center), Patty Hayes (Public Health – Seattle & King County), Adrienne Quinn (King County Department of Community and Human Services), Erin Sitterley (Sound Cities Association), Ceil Erickson (Seattle Foundation)

### **Staff:**

Christina Hulet (Hulet Consulting), Ingrid McDonald, Gena Morgan and Melissa Warner (Public Health – Seattle & King County).

### **Guests:**

Mike Bonetto – speaker (TenFold Health), Kylie Walsh (Wilson Strategic), Sarah Klaus (Health Care Authority), Samantha Zimmerman (Health Care Authority), Alex Davis (Country Doctor), Chelsea Affleck (WA State Hospital Association), Howard Springer (Navos Consortium), Bill Rumpf (Mercy Housing NW), Tiffany Wong (no affiliation provided), Erin Torrens (COPE Health Solutions), Sharon Poch (Qualis Health), Tara Cashman (Valley Medical Center), Christine Stalie (WA DOH), Mattie Osborn (Amerigroup), Travis Erickson (Public Health – Seattle & King County), Erin Hafer (Community Health Plan of Washington), Anne Farrell-Sheffer (YWCA), Muna Osman (Somali Health Board), Ahmed Ali (Somali Health Board), Tavish Donahue (Mercy Housing NW), Ross C. Baker (Virginia Mason Health System), Katherine Wells (Health Care Authority), Sarah Oppenheimer (King County Housing Authority).

## Welcome, Meeting Goals & Agenda Review

Co-chairs Betsy Lieberman (Betsy Lieberman Consulting) and Esther Lucero (Seattle Indian Health Board) called the meeting to order.

Betsy reminded everyone of the new process to approve the previous meeting's minutes at the beginning of each meeting. She asked if the Board had reviewed the minutes and if members were ready to move forward. A few corrections were noted:

- All attendees participated in an icebreaker: Please say one word that describes what community health means to you.
- Sarah Rafton noted that the Medicaid Waiver will take most of the ACH's time and energy, so staff may not have the capacity to consider other grant work. As a result, the Governing Board will need to step in ~~and help~~ *to help guide*.

Elizabeth "Tizzy" Bennett (Seattle Children's Hospital) moved to approve with these edits, and Sarah Rafton (Washington Chapter – American Academy of Pediatrics) seconded. Approved with all in favor, none opposed.

Attendees participated in an ice breaker by naming a social justice activity or action in which they participated in the past year.

Betsy and Esther welcomed Susan McLaughlin, the King County ACH's new Executive Director.

Brief introductions were given by all attendees.

Betsy and Esther offered the following Executive Committee updates:

- The Executive Committee looks forward to supporting their new executive director, Susan
- Susan will be located at the Seattle Foundation for the time being, but is seeking a permanent space
- The DSRIP consultant interview process is underway
- The HCA's Tribal Workshop for ACH Governing Board members will be on July 20 – flyers provided
- Thanks to Christina Hulet and King County backbone staff for their support
- The ACH is moving quickly into Phase II Certification with the State

## ACH Governance

### Decision Memo: Backbone 2.0 Contract with King County

Esther referred to the decision memo handout, and summarized the following:

- Memorandum of understanding was previously approved, and the formal proposed contract from King County has been received.
- By approving, the Board would move forward with King County backbone staff funding which would be:
  - Backdated to April 2017
  - Capped at \$1,290,119
  - Have payment deferred until later in 2017 when funds are received by the Health Care Authority (HCA)

Elise Chayet (Harborview Medical Center) asked if the Board had the ability to approve this expense given the timing for receipt of funds from HCA.

Ingrid McDonald (Public Health – Seattle & King County) clarified the funding timeline:

- \$1,000,000 planning funds have already been received

- Next funding stream (up to \$5,000,000) for design is expected in a few months (likely mid-September)
- Project incentive funds (up to \$31,000,000) won't be expected until quarter 1 of 2018, but can be used retroactively
- Potential for additional integration incentive funds (with binding letter of intent submitted by the county authority to HCA by September 15, 2017)

Sarah Rafton suggested that the Board consider bringing in more experienced contractors now, and Esther said the Board is addressing this need by preparing to hire a DSRIP consulting firm.

Elise Chayet recommended adding language to the memo which will clearly state that the approval is subject to receipt of funding from HCA.

Steve Daschle (Southwest Youth and Family Services) moved to approve the memo with the edit above, and Sarah Rafton seconded. All were in favor, none opposed.

#### Decision Memo: Approving Certification Phase I Budget Projection

Gena Morgan (Public Health – Seattle & King County) noted that an incorrect title was printed on the handout provided. The correct title is “Approving Certification Phase I Budget Projection.”

Ingrid McDonald provided an overview and notes regarding the memo:

- The budget for planned use of Certification Phase I funds is a requirement due to HCA by August 15
- Expenses for some categories of work will change over time (e.g., staff will be hired, King County backbone staff funding will be paid from the next wave of funding in 2018)
- Other Consulting and Infrastructure categories reflect the Executive Director's startup costs (e.g., IT set-up, office lease, etc.)

Gena and Ingrid noted that the information in this memo is intended to illustrate the ACH's budget intentions to meet the documentation requirements for Certification Phase I. It is not intended to reflect a full, detailed budget for the year. When a Chief Financial Officer is hired, they will develop a full budget.

Elise Chayet recommended an addition to reflect that the King County Backbone 2.0 contract will be covered with Phase II Certification dollars and is thus not illustrated in this projection.

It was suggested that the Board approve the memo conceptually with this addition. It was also suggested that the Seattle Foundation and the state could be consulted about how best to account for this.

David Johnson (Navos Mental Health Solutions) motioned to approve, which was seconded by Shelly Cooper-Ashford (Center for MultiCultural Health). All voted in favor, none opposed.

Ingrid noted that a handout with Certification Phase II budget projections was distributed, with no memo for approval. This draft forecast was intended to give the Board a sense of future expenses.

David Johnson urged the Board to set clear expectations now regarding funding that may be available for providers. He noted that providers will be investing money for set-up and involvement, and it would be easier to

elicit excitement if they were provided with clear expectations about funds distribution so they can anticipate if the investment will be worthwhile.

Esther noted that the current certification work is being done with the intention of optimizing the amount of funds received so that the ACH can fulfill its commitment to its partners.

Marya Gingrey (Regional Equity Network) requested clarification on what “community engagement” means in this budget.

Esther stated that this still needs to be flushed out, and the Board is not letting go of this need. Betsy reaffirmed that the Board intends to integrate community engagement into its work.

Steve Daschle had a question regarding “Legal – Inslee Best,” listed under Project Planning in the Certification Phase II forecast and included in the Other Consulting category for the Certification Phase I budget. He will address the question with Ingrid separately, due to limited time on the agenda.

Elise Chayet noted that it would be helpful to see the ratio of administrative costs to project costs, and had the following questions, which will be addressed by Mike Bonetto from the Manatt technical assistance team:

- Will it meet HCA’s expectations to only show expenses through 2018?
- Can remaining DSRIP funds be carried over into the next year?

### ACH Committee/Workgroup Updates

Elise provided Demonstration Project Committee (DPC) updates:

- The DPC is reviewing projects and providing feedback to Project Design Teams
- Final project proposals are due back to the DPC by August 4 (*Note: due date since revised to August 9*)
- Will bring final portfolio to the Governing Board

A calendar handout was distributed, and Board members were encouraged to raise any issues as soon as possible because the work is moving forward quickly.

Shelley Cooper-Ashford inquired about engagement during the public comment period. Elise noted that some teams have made individual efforts around public comment engagement.

Sarah Rafton noted that the Governing Board will need time to review infrastructure needs as well as the portfolio of project plans in November.

Marya Gingrey asked if the Equity Impact Assessment Tool will be used in the evaluation of the portfolio, and if there is a way to ensure that an equitable array of partners can be involved in the projects (e.g., smaller organizations may need resources provided up front in order to participate).

Elise said the design teams are using the equity tool, and a letters of intent process will be used. Esther noted that the plans should be scored in a way that provides equitable consideration to smaller organizations.

Elizabeth Tail (Cowlitz Tribal Health) inquired if there is a way to reserve some capital for groups that need payment up front in order to participate.

Elise responded that what the state will allow is currently unclear, but hopefully they will release more information soon.

The Performance Measurement Workgroup update was canceled for this meeting.

## **SIM Project Update**

Betsy Jones (Public Health – Seattle & King County) provided some background on the Housing-Health Partnership:

- Prior to the Governing Board’s formation, the Interim Leadership Council was awarded a State Innovation Models (SIM) grant to set up the ACH. A cross-sector project was required, which led to the adoption of the Health-Housing Partnership as the King County ACH SIM project in June 2016.
- Goals included: create a balanced portfolio, move upstream, move toward a population-based health model, test cross-sector partnerships, and emphasize equity, social justice, community engagement and social determinants of health.

Leaders on the team presented their efforts:

Adam Taylor (Global to Local) provided insight into how community health workers learn about the issues driving health disparities and apply this knowledge to develop solutions. Partnerships and coordinated efforts with HealthPoint and Mercy Housing Northwest have enabled better insight into the linkages between health and housing, more transformative solutions, and improved outcomes.

Ahmed Ali (Somali Health Board) noted that the Somali Health Board ensures culturally relevant care, focuses on prevention and addressing disparities, and is driven by the community. All leadership, work and projects come from the community and are for the community. Great partnerships have been formed with local health systems and providers, and Ahmed asserted his hope that this work may continue to receive funding.

Sarah Oppenheimer (King County Housing Authority) reported on the large population of low income households served by the KC Housing Authority. Cross-sector partnerships and data sharing between the Housing Authority, Public Health – Seattle and King County, and Global to Local are essential to address the ties between housing and health needs in our community.

## **Public Comment**

None

## **Demonstration Project Planning**

Guest Mike Bonetto (TenFold Health, Manatt technical assistance team) provided a high level overview of the ACH funds flow and addressed examples and questions related to the King County ACH (packet p. 28-51).

The statewide focus is currently on design funds and project incentive funds (p.31).

It is important to look at the next 5 years, but also to consider sustainability and what will happen in year 6 and beyond.

Maximum Project Incentives per ACH is based on relative Medicaid attribution (number of covered lives) as of November 2017 (p.32).

Tizzy Bennett inquired how funding will be distributed, for instance, to a patient who lives in Pierce County but receives services in King County. She noted that it would be helpful to know details like these, and to have time to provide feedback on how situations like this will be handled. *(Update: Katharine Weiss from WA State Health Care Authority confirmed that Medicaid attribution for an RSA is based on the enrollee's residence, not the provider location. So, if an enrollee lives in Pierce County but gets Medicaid services in King County, they would count as a "Medicaid life" in Pierce County.)*

Larger projects are incentivized, and scoring framework examples were provided (p.41-42).

Additionally, Mike provided and reviewed examples of funding that could be earned by the KC ACH. Example figures per project were provided for "Project Plan Awards based on Alternative Project Portfolios" and "Project Performance Levels (regardless of project portfolio make-up)." Also provided were examples for the best and worst case scenarios for funds awarded and revenue loss based on qualitative scoring and number of projects.

David Johnson asked if there will be an opportunity to receive feedback prior to turning in the project application portfolio paperwork. He noted that more examples of the quality of work expected would be helpful. Mike said there is an ongoing discussion with the HCA about this, and he will submit this feedback.

Elise Chayet noted that the KC ACH may need to forego Project 2B, and asked if that funding could be redistributed across 2C and 2D. Mike affirmed that this is possible for year 2 and forward, but not for year 1.

David Johnson and Sarah Rafton noted that the Board needs to discuss strategy about which and how many projects are selected. Susan McLaughlin said this will happen after the Board receives the evaluation and report from the Design Project Committee.

Marya Gingrey asked for clarification between incentive and performance funding. Mike explained that scoring will award a portion of the possible \$31 million in early 2018. Marya noted that part of those funds could be used to support the involvement of smaller providers/CBOs.

Shelley Cooper-Ashford inquired about what the project scoring framework will look like. Mike said there is information available and he will share it with the Board.

Elise Chayet asked how sustainability and investments in Domain I will be weighed in scoring. Mike confirmed that they will be considered.

Elise Chayet reminded the Board that at year 6 the projects need to have a way to be self-sustaining.

Elise also noted that the Board needs to learn about the state's expectation based on the definition of "value-based purchasing." Esther agreed. Laurel Lee (Molina Healthcare of WA) noted that this may be related to a shift in who is assuming the risk.

The Board would like further clarification and conversation around the following terminology:

- Value based purchasing
- Care coordination
- Formulas (e.g., Medicaid covered lives)

Managed care conversations are intended to examine the dollars available now, what may be available in 5 years, how we can creatively use these dollars to fill needs. Esther noted the need to think holistically, examining current systems for missing components or things that could be done differently.

Board members added:

- Need good techniques to capture what's working well and share that information
- May need to change course, if needed for better outcomes
- Need a balanced portfolio

### Wrap-Up

Betsy noted that the Board will need to manage their time well over the coming weeks to address all these questions and concerns. She thanked everyone for a great discussion, and thanked Mike Bonetto for his presentation.

Esther expressed her appreciation for these conversations, including tough ones. She noted that the Board will need to plan small group work to discuss scenarios and get cross-discipline expertise and opinions.

Betsy noted that the next meeting is August 10 at the Seattle Foundation and motioned to adjourn, which was seconded.